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### Boarding Release Form

Owner's Name \_\_\_\_\_ Pet Name(s) \_\_\_\_\_

Boarding Dates: From \_\_\_\_\_ To \_\_\_\_\_

In case of an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Text message number for updates on your pet's stay with us (optional) \_\_\_\_\_

We will be feeding a Hill's Science Diet™ Maintenance dry pet food unless you provide your own food.

**If providing your own food**, please indicate: Brand(s) \_\_\_\_\_

Wet (amount fed) \_\_\_\_\_ Dry (amount fed) \_\_\_\_\_

**Is your pet currently on medications?** Please indicate **dosages** and **when they need to be given next**

Please list any personal items you brought for your pet today (food, treats, toys, blankets, etc.)

Please indicate the procedures you would like Companion Veterinary Hospital to perform for your pet(s) while boarding. All items below are at additional cost. We will provide an estimate upon request.

Examination

Nail Trim

Vaccines \_\_\_\_\_

Dental Cleaning (with doctor's approval)

Fecal Parasite Test

Other

Bath

Companion Veterinary Hospital is dedicated to providing a flea free environment. **If fleas are found on your pet we will administer flea treatment** for a fee of \$20-40 (depending on patient weight).

I understand that for the protection of my pet, current vaccines are required as a condition of boarding.  
(Cat: FVRCP, RABIES    Dog: DHLPPC, RABIES and BORDETELLA)

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*Although CVH provides the safest boarding environment possible, medical emergencies or unforeseen problems can arise. If your pet develops a problem, we will attempt to contact you immediately. If we cannot reach you we ask permission to provide essential care including, if necessary, transfer of your pet to an emergency hospital. Your signature below authorizes us to do so.*

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

DATE	APPETITE	STOOL	WATER	URINE	MEDICATIONS	AM	PM	COMMENTS	Initials

**SPECIAL INSTRUCTIONS:**

**FEEDING:**